

937

PLACE OF BIRTH  
 County of Phila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 150 State Index No. 648

## ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 210

Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Carmen Cameron

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born YES  
 Alive ☒

Sex of Child M. Twin, Triplet or other 1 and 1 Number in order of birth 1 Legitimacy fr Date of Birth Apr 20 1917  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Bert Cameron  
 Residence Miami  
 Color or Race Wh Age at last Birthday 36 (Years)  
 Birthplace Montana  
 Occupation Powder Man

MOTHER  
 Full Maiden Name Carmen Castro  
 Residence Miami  
 Color or Race Mex Age at last Birthday 26 (Years)  
 Birthplace Mexico  
 Occupation Housewife

Number of child of this mother 5 Number of Children, of this mother, now living 5 Were precautions taken against Ophthalmia neonatorum? fr

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr 20 1917, at 29 M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Lebeak E. Dine M.D.  
 (Attending physician, midwife, householder\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 1917

Address MiamiFiled May 10 1917

John H. Loery  
 LOCAL REGISTRAR.

335-420-336

COUNTY REGISTRAR.

Filed June 5 1917

True Copy

BS Jay  
 COUNTY REGISTRAR.

OF INDUSTRY WITH EACH LOCAL REG. STRIP WITHIN 5 DAYS AFTER BIRTH.